

1st Childs Name _____	Age _____	M/F _____
2nd Childs Name _____	Age _____	M/F _____
3rd Childs Name _____	Age _____	M/F _____

Please INITIAL your day selections. Half Day Selections please indicate AM or PM

Thur. May 28th _____ Full _____ Half

Fri. May 29th _____ Full _____ Half

Mon. June 1st _____ Full _____ Half

Tue. June 2nd _____ Full _____ Half

Wed. June 3rd _____ Full _____ Half

Thur. June 4th _____ Full _____ Half

Fri. June 5th _____ Full _____ Half

Mon. June 8th _____ Full _____ Half

Tue. June 9th _____ Full _____ Half

Wed. June 10th _____ Full _____ Half

Thur. June 11th _____ Full _____ Half

Fri. June 12th _____ Full _____ Half

Mon. June 15th _____ Full _____ Half

Tue. June 16th _____ Full _____ Half

Wed. June 17th _____ Full _____ Half

Thur. June 18th _____ Full _____ Half

Fri. June 19th _____ Full _____ Half

Mon. June 22nd _____ Full _____ Half

Tue. June 23rd _____ Full _____ Half

Wed. June 24th _____ Full _____ Half

Thur. June 25th _____ Full _____ Half

Fri. June 26th _____ Full _____ Half

Mon. June 29th _____ Full _____ Half

Tue. June 30th _____ Full _____ Half

Wed. July 1st _____ Full _____ Half

Thur. July 2nd _____ Full _____ Half

Fri. July 3rd _____ Full _____ Half

Mon. July 6th _____ Full _____ Half

Tues. July 7th _____ Full _____ Half

Wed. July 8th _____ Full _____ Half

Thurs. July 9th _____ Full _____ Half

Fri. July 10th _____ Full _____ Half

Mon. July 13th _____ Full _____ Half

Tues. July 14th _____ Full _____ Half

Weds. July 15th _____ Full _____ Half

Thurs. July 16th _____ Full _____ Half

Fri. July 17th _____ Full _____ Half

Mon. July 20th _____ Full _____ Half

Tues. July 21st _____ Full _____ Half

Wed. July 22nd _____ Full _____ Half

Thurs. July 23rd _____ Full _____ Half

Fri. July 24th _____ Full _____ Half

Mon. July 27th _____ Full _____ Half

Tues. July 28th _____ Full _____ Half

Wed. July 29th _____ Full _____ Half

Thurs. July 30th _____ Full _____ Half

Fri. July 31st _____ Full _____ Half

Mon. August 3rd _____ Full _____ Half

Tues. August 4th _____ Full _____ Half

Wed. August 5th _____ Full _____ Half

Thurs. August 6th _____ Full _____ Half

Fri. August 7th _____ Full _____ Half

Orlando Metro Gymnastics Avalon Park

14170 E. Colonial Drive, Orlando, FL 32826

Phone (407) 207-4110 Fax (407) 207-0611

www.orlandometrogymns.com



Kidz Sports Summer Day Camp

Ages: 4-17

Camp Hours:

Full Day 7:30am to 6:00pm

Half Day 7:30am-12:30pm or 1:00pm-6:00pm



Annual Registration Fee:

\$40 1st child, \$20 each additional sibling

Day Camp WEEKLY Rates:

5 Full Days \$165.00

5 Half Days \$125.00

4 Full Days \$145.00

4 Half Days \$115.00

3 Full Days \$125.00

3 Half Days \$95.00

2 Full Days \$95.00

2 Half Days \$75.00

1 Full Day \$49.00

1 Half Day \$40.00

Activities: Gymnastics, Bounce House, Trampoline, Tumble Track, Arts & Crafts, & much more!

1st Childs Name: _____ Age _____ DOB _____ M/F

2nd Childs Name: _____ Age _____ DOB _____ M/F

3rd Childs Name: _____ Age _____ DOB _____ M/F

Parent(s) Name: _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Home Phone (____) _____ - _____ Cell Phone(____) _____ - _____

Emergency Contact _____ Telephone #(____) _____ - _____

Code Word _____ Allergies _____ Medical Conditions _____

Read & Initial Each Policy

_____ No jeans. No zippers, skirts, buttons or buckles. Campers will not be allowed to participate in gym activities if they are not properly dressed.

_____ Fees for your first week of Camp and Annual Registration fee are due at time of registration.

_____ Please bring 2 snacks, lunch and drinks daily. We do sell snacks and drinks at the facility for your convenience.

_____ Payment will be automatically charged to the credit card on file every Friday for the days you registered for, alternate forms of payment must be received by the Thursday prior to the week/day of your child's camp attendance.

_____ There is a \$10.00 per day/per child walk in fee if not registered by 6:00pm the day prior to attendance. Registration includes paperwork submitted and payment received in full. Voicemail messages and emails excluded.

_____ Days selected must be changed or cancelled no later than the Thursday prior to the week/day of attendance otherwise you are financially responsible for the camp fees.

_____ A guaranteed form of payment in the form of a credit card is required on all accounts unless you are paying for the entire summer up front.

_____ No Refunds, Exchanges or Credits will be given on registration fees or tuition for missed days regardless of illness/injury. No exceptions will be made to this policy.

_____ Late Fee of \$5 for every 5 minutes late picking up past 6:00pm daily.

_____ Field trips are on a first come basis. No refunds or credits will be given for missed and/or cancelled field trips regardless of illness/injury/camp attendance.

_____ Purchase of \$10 plus tax Yellow Metro Camp T-shirt is required to attend field trips.

_____ I have read and understand all the above policies.

Authorized Adults (Over 18) Allowed to Pick Up: (must know code word and show ID)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Orlando Metro Gymnastics

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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or it’s affiliates classes or special events, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity, I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the event takes place, or the negligence of the participant name below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby, release, discharge, and covenant not to sue Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or it’s affiliates, its respective administrators, directors, agents, offices, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessers' of premises on which the activity takes place, (each considered one of the “releasers” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasers” or otherwise, including negligent rescue operation and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasers, I will indemnify, save, and hold harmless each of the Releasers from any loss, liability, damage, or cost, which any may incur as the result of such claim. If claim is filed I understand it must be filed in the county the incident occurred.

PARENTAL CONSENT

I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I give my permission to Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or it’s affiliates to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include an individuals image, family image and/or voice for the purpose of promoting or advertising in, but not limited to, print and/or social media.

1st Childs Name _____ M/F _____ DOB: _____

2nd Childs Name _____ M/F _____ DOB: _____

3rd Childs Name _____ M/F _____ DOB: _____

Address _____ APT #: _____

City, St, Zip _____

Primary Phone _____ Emergency Phone _____

E-mail (to receive updates & info, etc) _____

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date Signed

FOR OFFICE USE ONLY	
Trial Date: _____	Class: _____

Orlando Metro Gymnastics

Credit Card Authorization Form

Recurring Weekly Charge Authorization

Effective on _____

I hereby authorize Orlando Metro Gymnastics to charge the credit card number below

EVERY FRIDAY for my upcoming Day Camp days I have selected. The program services amount is based on the number of days per week I have selected on my registration form. Days selected must be changed or cancelled no later than the Thursday prior to the week/day of attendance otherwise I am financially responsible for the camp fees. **No Refunds, Exchanges or Credits will be given on registration fees or tuition for missed days regardless of illness/injury. No exceptions will be made to this policy.**

Authorized Signature

Cardholder Authorization

Child(ren) Name: _____

Name on Credit Card: _____

Billing Address for Credit Card: _____

Cardholder Phone Number: _____

Credit Card Number: ____ _ ____ _ **XXXX XXXX** ____ _ ____ _

Exp. Date: _____ CID: _____

Cardholder Signature: _____ Date: _____

Print Cardholder Name: _____